

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF NEW YORK

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MARIA STOCKING,

22 CV 07347 (ER)

Plaintiff,

-against-

NEWMARK KNIGHT FRANK

VALUATION & ADVISORY, LLC,

Defendants.

----- X

## MEMO ENDORSED

Newmark is directed to respond by  
December 4, 2024.

SO ORDERED.



Edgardo Ramos, U.S.D.J.

Dated: November 27, 2024

New York, New York

### **MOTION TO SUBMIT NEW EVIDENCE AND ADD EVIDENTIARY EXHIBITS IN SUPPORT OF PLAINTIFF'S MOTION TO INCREASE SANCTIONS DOC 132**

Plaintiff, Maria Stocking, respectfully files this motion to submit evidence in support of Plaintiff's statements in her "Letter of Intent addressed to Unum (*See* Doc. 132 page 6..) This evidence is necessary to prove the veracity of Plaintiff's statements and for a fair consideration to establish Newmark's pattern of obstruction and retaliation towards the Plaintiff for participating in the protected act of filing an employment discrimination claim against Newmark. Plaintiff also submits new evidence that is located after the description of evidentiary exhibits below.

**EVIDENTIARY EXHIBITS**

1. **Exhibit A:** Dr. Alejandro Pino's Erroneous Medical Report Caused by Checkbox Error, Dated November 2, 2023, which incorrectly stated that Plaintiff could meet the physical demands of her job, despite a torn ligament disorder. (See Doc. 132, Pg.5, par.6) *"The termination of my LTD benefits was based on a knowingly erroneous medical report. The error originated from my surgeon, Dr. Alejandro Pino, who performed two foot and ankle surgeries on me. A checkbox error in an updated medical report incorrectly indicated that I could meet the physical demands of my job, including carrying 25 pounds, despite my diagnosis of an irreparable torn ligament disorder following challenging surgeries."*
2. **Exhibit B:** Dr. Alejandro Pino's Corrected Medical Reports, Dated November 16, 2023, and December 21, 2023, which clarified that Plaintiff is physically incapable of meeting job demands. (See Doc. 132, Pg.5, par.6) *Upon discovering the error, Dr. Pino immediately sent corrected reports clarifying that I was physically incapable of performing the job demands."*
3. **Exhibit C:** Dr. Alejandro Badia's Medical Report, Dated January 4, 2024, received by Unum, further supporting Plaintiff's claim of physical incapacity.
4. **Exhibit D:** Email from Plaintiff to Unum regarding the fabricated diagnosis of "Pain in Right Foot" in Unum's internal claim file, which did not reflect Plaintiff's actual medical condition. (See Doc. 132, Pg.7, par.3) *Instead, the internal contained a single, fabricated e diagnosis of "Pain in Right Foot" to justify its actions. I've never had a doctor formally*

*diagnose me with "Pain in Right Foot." The omission of my actual medical condition from their internal files further illustrates Unum's bad faith and retaliatory intent.*

5. **Exhibit E:** Fully Favorable Ruling by Administrative Law Judge Tracey B. Leibowitz, Dated January 30, 2023, confirming that Plaintiff's long-term health conditions prevent her from performing her job responsibilities and are covered under her Unum LTD policy. (*See Doc. 132, Pg.7, par.4*) *The Social Security Judge issued a binding decision fully in my favor, finding that my long-term health conditions prevent me from performing any of my job responsibilities. This judicial ruling validated my physical impairments and confirmed that they are covered under my Unum LTD policy.*

#### **Relevance of the Additional Evidence**

The additional exhibits directly support the factual statements made in Plaintiff's "Letter of Intent to Unum" (*See Doc. 132, pg. 6*) and provide crucial evidence of Newmark and Unum's bad faith actions, including retaliation and obstruction of justice demonstrating the erroneous and fabricated information Unum relied on in the retaliatory termination of her benefits after Plaintiff participated in a protected act..

#### **Explanation for Delayed Submission**

The additional evidence was not included in the initial submission due to the difficulty in locating the dated documents. Plaintiff has since been able to retrieve the necessary records, which are now being submitted in support of her claims.

### **Request to the Court**

Plaintiff respectfully requests that the Court allow the inclusion of the attached exhibits as part of the record in this case, in support of Doc. 132, page 6, as they are essential to the fair and just resolution of this matter.

### **NEW EVIDENCE**

Defendant recently filed Doc. 134 and admitted “*Plaintiff’s employment was terminated because she “has not returned to work after Newmark’s third-party benefits administrator closed her long-term disability claim based on its receipt of documentation supporting Plaintiff’s ability to perform the material and substantial duties of her role.”* (See Doc. 134, paragraph 5, page 6)

Plaintiff contends that Unum’s willingness to provide the Defendant with a false statement regarding the Plaintiff’s health demonstrates collusion with the intent to deceive the courts into believing the Plaintiff was healthy, in a coordinated strategy to reduce this claim’s high liability risk due to pain and suffering and overall health damages, while simultaneously causing harm and distress to the Plaintiff by abruptly terminating her LTD benefits, while in the midst of essential medical treatment.

Plaintiff submits this prima facie evidence in support of her claims of retaliation and obstruction of justice, illustrating a pattern of obstruction and retaliation towards the Plaintiff for participating in a protected act and exercising her constitutional rights.

Dated: November 25, 2024

Miami, Florida

/s/Maria Stocking

Maria Stocking

888 Biscayne Boulevard, 57th Floor

Miami, Florida 33132

786-857-3681

Mstocking747@outlook.com

*Plaintiff*

***Affidavit In Support Of Motion To Add Evidentiary Exhibits To Document 132***

State of Florida

County of Miami-Dade

I, Maria Stocking, being duly sworn, declare and state as follows:

***Affiant's Information:***

I am the Plaintiff in the case of [1:22-cv-07347-ER Stocking v. Newmark Knight Frank Valuation & Advisory, LLC, currently pending in the United States District Court for the Southern District of New York.

***Purpose of this Affidavit:***

I submit this affidavit in support of my Motion to Add Additional Evidence to my prior submission dated November 20, 2024, Document 132. The additional evidence includes:

- **Exhibit A:** Dr. Alejandro Pino's Erroneous Medical Report, Dated November 2, 2023
- **Exhibit B:** Dr. Alejandro Pino's Corrected Medical Reports, Dated November 16, 2023
- **Exhibit C:** Dr. Alejandro Pino's Corrected Medical Reports, Dated December 21, 2023
- **Exhibit D:** Dr. Alejandro Badia's Medical Report, Dated January 4, 2024
- **Exhibit E:** Email from Plaintiff to Unum Regarding "Pain in Right Foot" Diagnosis in Unum's Internal Claim File

- **Exhibit F:** Fully Favorable Ruling by Administrative Law Judge Tracey B. Leibowitz,  
Dated January 30, 2023

***Affirmation of Truthfulness:***

I affirm that the attached exhibits are true and accurate copies of the original documents in my possession and have not been altered in any way.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge and belief.

**Executed on:** November 25, 2024

Miami, Florida

*/s/Maria Stocking*

Maria Stocking

Exhibit A: Dr. Alejandro Pino's Erroneous Medical Report Caused by Checkbox Error, Dated November 2, 2023





Unum  
THE BENEFITS CENTER  
PO BOX 100158  
COLUMBIA, SC 29202-3158



AT 001 000232 UNLTANY1 000000  
ALEJANDRO PINO MD  
MIAMI INSTITUTE FOR JOINT RECONSTRUCTION  
11801 SW 90TH ST STE 203A  
MIAMI FL 33186-2182

S 000232 UNLTANY1 000857

6-Nov-2023 16:52 Miami Institute for Joint Reconstruction 3052790188 p.2



Unum  
The Benefits Center  
PO Box 100158  
Columbia, SC 29202-3158  
Phone: 877-877-6449  
Fax: 1-800-447-2498  
www.unum.com



September 29, 2023

ALEJANDRO PINO MD  
MIAMI INSTITUTE FOR JOINT RECONSTRUCTION  
11801 SW 90TH ST STE 203A  
MIAMI, FL 33186-

RE: Stocking, Maria E  
Claim Number: 17727897  
Policy Number: 222439  
First Unum Life Insurance Company

**PATIENT NAME:** Maria Stocking  
**DOB:** September 07, 1967

We are currently reviewing disability benefits for your patient, Maria Stocking. We would appreciate your help in providing additional information.

At this time, we need clarification regarding Maria Stocking's work capacity within the following occupational demands:

- Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently
- Occasionally walking, standing, climbing, stopping, crouching, fingering, keyboard use
- Frequently sitting, reaching (in all directions), handling
- Walking and standing in combination could be up to 2/3<sup>rd</sup> of the workday

Your patient's policy has a limitation for benefits paid due to mental illness. Please consider only your patient's physical condition(s) in your response.

Please answer the following:

- Is Maria Stocking able to perform the above occupational demands on a full-time basis?

Yes ☒ No ☐ No Opinion ☐

If yes, as of what date? 11/2/23

**If no, please explain and provide us with the last office visit note and diagnostics that support your opinion.**

000232 UNLTANT1 000658



6-Nov-2023 16:52 Miami Institute for Joint Reconstruction

3052790188

p.3

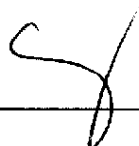
Claimant Name: Stocking, Marla E  
Claim Number: 17727897

September 29, 2023  
Page 2 of 2

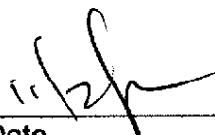
Enclosed is a signed Authorization for release of this information.

Please sign and date in the space below and return this completed questionnaire with any additional information you wish to provide. If possible, please fax this completed questionnaire to 1-800-447-2498.

Signature



Date



Please respond by October 06, 2023, as further consideration of benefits depends on your reply. Privacy is important to everyone. Please ensure that you are faxing this information to 1-800-447-2498 to eliminate potential for any misdirected information.

If there is a fee for providing this information, please attach a statement including to whom the check should be made payable, as well as the tax identification number. We will promptly reimburse any reasonable and customary fees upon request.

Thank you for your time and cooperation. If you have any questions regarding this request, please contact me at 877-877-6449, extension 56503.

Sincerely,

*Linda*

Linda  
Lead Benefit Specialist

Enclosures: Claim Form: Authorization



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00002745



The Benefits Center  
P.O. Box 100158, Columbia, SC 29202-3158  
Pacific Time Zone Toll-free: 1-877-851-7637 Fax: 1-877-851-7624  
All Other Time Zones Toll-free: 1-800-858-6843 Fax: 1-800-447-2498  
Call toll-free Monday through Friday, 8 a.m. to 8 p.m. (Eastern Time).



Please sign and return this authorization to The Benefits Center at the address above. You are entitled to receive a copy of this authorization. This authorization is designed to comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

**Authorization to Collect and Disclose Information  
(Not for FMLA Requests)**

**I authorize the following persons:** health care professionals, hospitals, clinics, laboratories, pharmacies and all other medical or medically related providers, facilities or services, rehabilitation professionals, vocational evaluators, health plans, insurance companies, third party administrators, insurance producers, insurance service providers, consumer reporting agencies including credit bureaus, GENEX Services, Inc., The Advocate Group and other Social Security advocacy vendors, professional licensing bodies, employers, attorneys, financial institutions and/or banks, and governmental entities;

**To disclose information,** whether from before, during or after the date of this authorization, about my health, including HIV, AIDS or other disorders of the immune system, use of drugs or alcohol, mental or physical history, condition, advice or treatment (except this authorization does not authorize release of psychotherapy notes), prescription drug history, earnings, financial or credit history, professional licenses, employment history, insurance claims and benefits, and all other claims and benefits, including Social Security claims and benefits ("My Information");

**To Unum Group and its subsidiaries,** First Unum Life Insurance Company, Provident Life and Casualty Insurance Company, The Paul Revere Life Insurance Company, and persons who evaluate claims for any of those companies ("Unum");

**So that Unum may evaluate and administer my claims, including providing assistance with return to work.** For such evaluation and administration of claims, this authorization is valid for two years, or the duration of my claim for benefits, whichever is shorter. I understand that once My Information is disclosed to Unum, any privacy protections established by HIPAA may not apply to the information, but other privacy laws continue to apply. Unum may then disclose My Information only as permitted by law, including, state fraud reporting laws or as authorized by me.

**I also authorize Unum to disclose My Information to the following persons** (for the purpose of reporting claim status or experience, or so that the recipient may carry out health care operations, claims payment, administrative or audit functions related to any benefit, plan or claim): any employee benefit plan sponsored by my employer; any person providing services or insurance benefits to (or on behalf of) my employer, any such plan or claim, or any benefit offered by Unum; or, the Social Security Administration. Unum will not condition the payment of insurance benefits on whether I authorize the disclosures described in this paragraph. For the purposes of these disclosures by Unum, this authorization is valid for one year or for the length of time otherwise permitted by law.

**Information authorized for use or disclosure may include information which may indicate the presence of a communicable or non-communicable disease.**

If I do not sign this authorization or if I alter or revoke it, except as specified above, Unum may not be able to evaluate or administer my claim(s), which may lead to my claim(s) being denied. I may revoke this authorization at any time by sending written notice to the address above. I understand that revocation will not apply to any information that Unum requests or discloses prior to Unum receiving my revocation request.

Electronically Signed	03/20/2021
Insured's Signature	Date Signed
Maria Stocking	593-12-8220
Printed Name	Social Security Number

I signed on behalf of the Insured as \_\_\_\_\_ (Relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.

Exhibit B: Dr. Alejandro Pino's Corrected Medical Reports, Dated November 16, 2023



Arturo Corces, M.D.  
Mauricio F. Herrera, M.D.  
David Font-Rodriguez, M.D.  
Liam McCarthy, M.D.  
Amar Rajadhyaksha, M.D.  
Gary Goykhman, D.P.M.  
Alejandro Pino, M.D.  
Eric J. Balaguer, M.D.

Patient Name: Maria Stocking

Encounter Date: 11/16/2023

Date of Birth: 9/7/1967

**Chief Complaint** ankle surgery f/u

**History of Present Illness**

The patient is a 56 year old female seen today for the

There has been no significant changes in the current symptoms. Pain is moderate to severe with a rating of 7/10. There has been no change in the character or location of the problem. There are no new symptoms or accompaniments.

She c/o pain with her occupational requirements globally, but is also limited by left ankle edema and right forefoot stiffnss

**Medical History**

Medical history reviewed and updated in the patient's chart on 11/16/2023

**Review of Systems**

Relevant review of system reviewed and updated in the patient's chart on 11/16/2023.

**Vital Signs:** Height: 5 ft 6.00 in, Weight: 120 LBS

**General Exam:**

**Constitutional:** Patient is adequately groomed with no evidence of malnutrition.

**Skin:** Surgical scars bilateral feet

**Mental Status:** The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

**Lymphatic:** The lymphatic examination bilaterally reveals all areas to be without enlargement or induration.

**Vascular:** Examination reveals no swelling or calf tenderness. Peripheral pulses are palpable and 2+.

**HEENT:** No obvious lesions or signs of trauma.

**Left Ankle Examination**

ELECTRONICALLY SIGNED BY Alejandro E. Pino, MD  
11/16/2023

**Patient Name:** Stocking, Maria  
**DOB:** 9/7/1967

**Inspection:** swelling and healed scars of the ankle.

**Palpation:** Lateral tenderness of the ankle.

**Range of Motion:** Limited motion

**Strength:** Strength testing 4+/5 in all muscle groups tested.

**Sensation:** Sensations are normal in all areas tested. Tenderness lateral ankle with testing

**Gait:** antalgic

### **Additional Exams:**

**Right Lower Extremity:** Examination of the right lower extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Left Lower Extremity:** Examination of the left lower extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Right Upper Extremity:** Examination of the right upper extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Left Upper Extremity:** Examination of the left upper extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

### **Diagnosis Codes:**

M24.272 Disorder of ligament, left ankle

### **Impression:**

Fracture of the toe s/p arthrodesis

brevis tear s/p repair

subacute ankle fracture

### **Treatment Plan:**

We discussed findings and the expected outcomes and timeframe for recovery after her injury/surgery. Due to her findings, the patient has difficulty and is unable to exert 20 lbs of force occasionally and or up to 10 pounds of force frequently. She has difficulty with walking, standing, climbing, stooping, crouching, fingering, keyboard use, as well as with frequent sitting, reaching in all directions, handling, walking and standing in combination up to 2 to 3 hours of workday.

The patient is instructed to return if pain or symptoms arise.



Electronically signed by: Alejandro E. Pino, MD

Date: 11/16/2023 Time: 11:43 AM

**ELECTRONICALLY SIGNED BY Alejandro E. Pino, MD**  
**11/16/2023**

**Patient Name:** Stocking, Maria  
**DOB:** 9/7/1967

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Exhibit C: Dr. Alejandro Pino's Corrected Medical Reports, Dated December 21, 2023



Arturo Corces, M.D.  
Mauricio F. Herrera, M.D.  
David Font-Rodriguez, M.D.  
Liam McCarthy, M.D.  
Amar Rajadhyaksha, M.D.  
Gary Goykhman, D.P.M.  
Alejandro Pino, M.D.  
Eric J. Balaguer, M.D.

Patient Name: Maria Stocking

Encounter Date: 12/21/2023

Date of Birth: 9/7/1967

## Chief Complaint

### History of Present Illness

The patient is a 56 year old female seen today for the evaluation of left greater than right sided paraspinal pain with h/o scoliosis. Was scheduled for CSI, but was unable to do it b/c of an insurance issue.

## Medical History

Medical history reviewed and updated in the patient's chart on 12/21/2023

## Review of Systems

Relevant review of system reviewed and updated in the patient's chart on 12/21/2023.

**Vital Signs:** Height: 5 ft 6.00 in, Weight: 120 lbs BMI 19.37

## General Exam:

**Constitutional:** Patient is adequately groomed with no evidence of malnutrition.

**Skin:** Scars b/l lower extremities

**Mental Status:** The patient is oriented to time, place and person. The patient's mood and affect are appropriate.

**Lymphatic:** The lymphatic examination bilaterally reveals all areas to be without enlargement or induration.

**Vascular:** Examination reveals no swelling or calf tenderness.

**HEENT:** No obvious lesions or signs of trauma.

## Lumbar Spine Examination

**Inspection:** Local inspection shows no step-off or bruising. Lumbar alignment is normal. Sagittal and Coronal balance is neutral.

**Palpation:** No evidence of tenderness at the midline. Right sided paraspinal tenderness. There is no step-off or paraspinal spasm.

**Range of Motion:** Range of motion normal in all areas tested.

ELECTRONICALLY SIGNED BY Alejandro E. Pino, MD  
12/21/2023

**Patient Name:** Stocking, Maria  
**DOB:** 9/7/1967

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**Strength:** Strength testing is 5/5 in all muscle groups tested.

**Gait:** Antalgic

### **Left Ankle Examination**

**Inspection:** Swelling and healed scars of the ankle.

**Palpation:** Lateral ankle tenderness.

**Range of Motion:** Limited motion throughout

**Strength:** 4+/5 all groups tested

**Gait:** antalgic

### **Additional Exams:**

**Right Lower Extremity:** Examination of the right lower extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Left Lower Extremity:** Examination of the left lower extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Right Upper Extremity:** Examination of the right upper extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Left Upper Extremity:** Examination of the left upper extremity does not show any tenderness, deformity or injury. Range of motion is unremarkable. There is no gross instability. Strength and tone are normal.

**Imaging Orders:** 2 views of the lumbar spine were ordered, obtained, and interpreted.

**Lumbosacral Spine Xrays:** Scoliosis with L3-L4 disc space narrowing

### **Diagnosis Codes:**

M54.51 Vertebrogenic low back pain, M24.272 Disorder of ligament, left ankle

### **Impression:**

Lumbar Pain

### **Office Procedures:**

2 Views of the lumbar spine were ordered, obtained, and interpreted.

### **Treatment Plan:**

We discussed findings and treatment options. We will begin PRN NSAIDs/flexeril and refer patient to our spine associate for further eval/treatment.

We discussed findings and the expected outcomes and timeframe for recovery after her injury/surgery. Due to her findings, the patient has difficulty and is unable to exert 20 lbs of force occasionally and or up to 10 pounds of force frequently. She has difficulty with walking, standing, climbing, stooping, crouching, fingering, keyboard use, as well as with frequent sitting, reachin in all directions, handling, walking and sanding in combination up to 2 to 3 hours of

**Patient Name:** Stocking, Maria  
**DOB:** 9/7/1967

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workday.

The patient is instructed to return if pain or symptoms arise

Celebrex 200 mg was prescribed. Appropriate instructions were given to the patient. The patient is instructed to return if if pain or symptoms arise.



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Electronically signed by: Alejandro E. Pino, MD  
Date: 12/21/2023 Time: 11:53 AM

Exhibit D: Dr. Alejandro Badia's Medical Report, Dated January 4, 2024



**Date:** 1/4/2024

To Whom It May Concern:

Please be advised that Maria Stocking is/has been under my orthopedic care.

- She was seen in office for appointment today. (1/4/2024).
- Restrictions: Patient is unable to lift and exert 20 lbs of force occasionally and up to 10 lbs frequently. Patient has difficulty with walking, running, or standing for long periods of time. She also has difficulty and should be limited to climbing, crouching, keyboard use, as well as frequent sitting.

A handwritten signature in black ink, appearing to read "Edward Hernandez", written over a horizontal line.

Electronically signed by: Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.

Date: 1/4/2024 Time: 12:43 PM



**Superbill: Stocking, Maria****DOS:** 1/4/2024**Visit Reason:** Follow Up**Memo:****OrthoNOW Doral LLC****Physician:** Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.**Seen By:****Referring Physician:** Badia , Alejandro**Stocking, Maria**

888 Biscayne Blvd Apt 1104

Miami, FL, 33132

**DOB:** 9/7/1967**Acct #:** 41792**Phone #:** (786)857-3681**Insurance 1:** Florida Medicare**Insurance 2:** Aetna 14079**WC Insurance:****99212-25 (OFFICE OUTPATIENT VISIT - E/M LEVEL 2)****Lumbar Spine****Diagnosis Codes**

M43.16, Spondylolisthesis, lumbar region

M53.3, Sacrococcygeal disorders, not elsewhere classified

M62.830, Muscle spasm of back

M41.26, Other idiopathic scoliosis, lumbar region

**Procedure Codes**

72082-, 1, (Radiologic Exam, Spine, entire skull-sacral; 2-3 views)

**Thoracic Spine****Diagnosis Codes**

M47.814, Spondylosis without myelopathy or radiculopathy, thoracic region

M62.838, Other muscle spasm

M41.34, Thoracogenic scoliosis, thoracic region

**Procedure Codes**

20552-, 1, (INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES)

J3301-, 1, (TRIAMCINOLONE ACET INJ NOS )

**Treatment Plan:****Orders and Instructions:**

750 mg CBD Freeze Roll-On

No Sports

Ice, Rest and Elevation

Home Exercise Program

Return PRN

Referral to spine surgeon

**Medical Conditions:**

Hypertension

**Medications:**cyclobenzaprine 10 mg tablet, **Prescriber:** Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.naproxen 500 mg tablet, **Prescriber:** Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.omeprazole 20 mg capsule, delayed release, **Prescriber:** Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.metoprolol succinate ER 25 mg tablet, extended release 24 hr, **Prescriber:****Allergies:**



## REFERRAL/CONSULT REQUEST

Name: **Maria Stocking**

DOB: **9/7/1967**

Home Phone: **(786)857-3681**

Work Phone:

Weight: **Weight 120lbs**

Sex: **female**

Referring Provider:

**Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.**

Referring To:

**Orthopedic spine specialist or neurosurgeon**

Reason For Referral:

M43.16, M53.3, M62.830, M41.26, Lumbar Spine Spondylolisthesis, lumbar region Sacrococcygeal disorders, not elsewhere classified Muscle spasm of back Other idiopathic scoliosis, lumbar region, Lumbar Spine

Request for Next Appointment:

☐ Today ☐ Within 1 week ☐ Within 2 weeks ☒ Next available

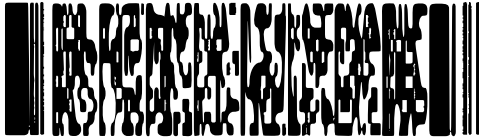
A handwritten signature in black ink, appearing to read "Edward Hernandez", written over a horizontal line.

Electronically signed by: Edward Hernandez, ARPN-BC, Under the supervision of Dr. Alejandro Badia, M.D.  
Date: 1/4/2024 Time: 12:14 PM

Date: 1/4/2024



Exhibit E: Fully Favorable Ruling by Administrative Law Judge Tracey B. Leibowitz, Dated  
January 30, 2023



**Office of Hearings Operations  
One River View Square  
333 S.Miami Ave.8th Fl  
Miami, FL 33130-1942**

**Date: January 30, 2023**

**Maria Stocking**  
**888 Biscayne**  
**Blvd**  
**Miami, FL 33132**

## Notice of Decision – Fully Favorable

**I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.**

Another office will process my decision. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

## If You Disagree With My Decision

**If you disagree with my decision, you may file an appeal with the Appeals Council.**

## How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. The preferred method for filing your appeal is by using our secure online process available at <https://www.ssa.gov/benefits/disability/appeal.html>.

**You may also use our Request for Review form (HA-520) or write a letter. The form is available at <https://www.ssa.gov/forms/ha-520.html>. Please write the Social Security number associated with this case on any appeal you file. You may call (800) 772-1213 with questions.**

**Please send your request to:**

**Appeals Council**  
**5107 Leesburg Pike**  
**Falls Church, VA 22041-3255**

Form HA-L76 (03-2010)

## Suspect Social Security Fraud?

**Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).**

**See Next Page**

### **Time Limit To File An Appeal**

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

### **What Else You May Send Us**

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

### **How An Appeal Works**

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

### **The Appeals Council May Review My Decision On Its Own**

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

### **When There Is No Appeals Council Review**

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.



**If You Have Any Questions**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at **1-800-772-1213**, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY **1-800-325-0778**. Please mention this notice and decision when you call.
3. You may also call your local office at (877) 714-0373.

SOCIAL SECURITY  
1st FLOOR  
3663 SW 8TH ST  
MIAMI, FL 33135-9814

**How are we doing?** Go to [www.ssa.gov/feedback](http://www.ssa.gov/feedback) to tell us.

Tracey B. Leibowitz  
Administrative Law Judge

Enclosures:  
Decision Rationale

cc: JENNIFER REISS GAILEY  
GENEX SERVICES LLC  
440 E SWEDESFORD ROAD  
SUITE 1000  
WAYNE, PA 19087



Exhibit F: Email from Plaintiff to Unum Regarding “Pain in the Right Foot” Sole Diagnosis in Unum’s Internal Claim File, Referencing Plaintiff’s Diagnosis



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## Pain In Right Foot

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**From** Maria Stocking <maria.stocking@live.com>

**Date** Tue 2/6/2024 8:16 PM

**To** Knight, Linda M <LKnight@UNUM.COM>

Hi Linda!

I hope you are doing well.

I was going through my case file and I saw that UNUM has my diagnosis as "Pain In Right Foot."

I literally had to laugh. With all the medical records I have given UNUM, they have on file my diagnosis as "Pain In Right Foot."

What kind of gimmick is UNUM running? This is hilarious.

Anyway, thought I'd share with you.....

Also, Dr. Pino said he does not recall sending a letter saying that I could work. I understood that letter was the reason for the closing of my benefits in the first place, even though I said it had to have been an error.

Please send me Dr. Pino's letters. If you can't, please direct me to who will.

Thank you,

Maria